REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Prop Sec Off 7583.9 BP					
Job Title or Type of License, Certification or Permit: PSO Proprietary Private Security Officer					
Agency Address Set Contributing Agency: Bureau of Security & Investigative Services		10775			
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)			
P.O. BOX 989002		Licensing			
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions) (916) 322-4000			
	98-9002	•	,		
City State Zip Co	_i de	Contact Telep	phone No.		
Name of Applicant:	First		MI		
Alias:		Driver's License	No		
Last First		- DIIVEL 3 LICELISE	No		
Date of Birth: Sex: Male	Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)		
Height: Weight:		Misc. No:			
Eye Color: Hair Color:		Home Address:	Street or P.O. Box		
			C. 133. C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Place of Birth:			City, State and Zip Code		
SOC:		_			
Your Number: OCA No. (Agency Identifying No.)	_	Level of Service	X DOJ X FBI		
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by statute)					
Employer Name					
Street No. Street or P.O. Box		Mail (Code (five digit code assigned by DOJ)		
City State	Zip Code	() Agen	ncy Telephone No. (optional)		
Live Scan Transaction Completed By: Name of Operator Date:					
Transmitting Agency	ATI No.		Amount Collected/Billed		

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Prop Sec Off 7583.9 BP						
Job Title or Type of License, Certification or Permit: PSO Proprietary Private Security Officer						
Agency Address Set Contributing Agency:						
Bureau of Security & Investigative S	Services	10775				
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)				
P.O. BOX 989002		Licensing				
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)				
West Sacramento CA 95	5798-9002	(9	16) 322-4000			
	p Code	Contact Telep	hone No.			
Name of Applicant:						
(please print) Last	First		MI			
Alias:		Driver's License	No.			
Last Fir	rst					
Date of Birth: Sex: M	1ale Female	Misc No BII -	N/A			
Date of Birth.		WIISC. NO. DIE	N/A Agency Billing Number (if applicable)			
Height: Weight:						
Eye Color: Hair Color:		Home Address:				
			Street or P.O. Box			
Place of Birth:						
			City, State and Zip Code			
SOC:						
Your Number:	 	Level of Service	X DOJ X FBI			
OCA No. (Agency Identifying No	0.)					
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specif	fied by statute)					
Employer Name						
Street No. Street or P.O. Box		Mail C	Code (five digit code assigned by DOJ)			
		()				
City State	Zip Code	\/ Agend	cy Telephone No. (optional)			
•						
Live Seen Transaction Completed By:						
Live Scan Transaction Completed By: Name of Operator Date:						
Transmitting Agency	ATI No.		Amount Collected/Billed			

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Prop Sec Off 7583.9 BP						
Job Title or Type of License, Certification or Permit: PSO Proprietary Private Security Officer						
Agency Address Set Contributing Agency:						
Bureau of Security & Investigative Services		10775				
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)				
P.O. BOX 989002		Licensing				
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)				
	98-9002	(916) 322-4000				
City State Zip Co	de	Contact Telep	hone No.			
Name of Applicant:	First		MI			
Alice		Driver's License	No			
Alias: Last First		_ DIIVELS LICENSE	No			
Date of Birth: Sex: Male	Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)			
Height: Weight:						
Eye Color: Hair Color:		Home Address:	Street or P.O. Box			
Place of Birth:						
			City, State and Zip Code			
SOC:		_				
Your Number: OCA No. (Agency Identifying No.)	_	Level of Service	X DOJ X FBI			
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute)						
Employer Name						
Street No. Street or P.O. Box		Mail	Code (five digit code assigned by DOJ)			
City State	Zip Code	() Agen	acy Telephone No. (optional)			
Live Scan Transaction Completed By: Name of Operator Date:						
Transmitting Agency	ATI No.		Amount Collected/Billed			



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002 West Sacramento, CA 95798-9002 (916) 322-4000 www.bsis.ca.gov



PROPRIETARY PRIVATE SECURITY OFFICER (PSO) LIVE SCAN PROCESS INSTRUCTION FORM

Live Scan is a system for electronically submitting fingerprints used in background checks to the California Department of Justice and the FBI.

Simply follow these steps:

STEP 1

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Bureau or downloaded from the Bureau Web site at www.bsis.ca.gov/forms_pubs/livescan/index.shtml:

1. Name of Applicant: Enter the Last Name, First Name, and Middle Name.

2. Alias: Enter any aliases (including any maiden name) of the applicant.

3. Date of Birth: Enter the date of birth of the applicant.

4. Sex: Enter the sex of the applicant.
5. Height: Enter the height of the applicant.
6. Weight: Enter the weight of the applicant.
7. Eye Color: Enter the eye color of the applicant.
8. Hair Color: Enter the hair color of the applicant.
9. Place of Birth: Enter the place of birth of the applicant.
10. SOC: Enter the applicant's Social Security number.

11. Driver's License No.: Enter the applicant's Driver's License number, including the state.

12. Home Address: Enter the applicant's home address.

STEP 2

With three copies of the completed Live Scan Form, go to the nearest Live Scan site to have your fingerprints electronically submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

NOTE: You can get a listing of all Live Scan sites at www.bsis.ca.gov/forms_pubs/livescan/index.shtml or by contacting the Bureau at (916) 322-4000.

STEP 3

Pay the Live Scan Operator: \$32.00 DOJ Fingerprint Processing Fee

\$19.00 FBI Fingerprint Processing Fee

TOTAL \$51.00

In addition, you must pay the Live Scan Operator the Live Scan site Processing Fee. The fee is set by each Live Scan Site and can vary. The Bureau of Security and Investigative Services does not set the fee.

STEP 4

Submit the following to the Bureau:

- 1. The completed Proprietary Private Security Officer registration application.
- 2. The second copy of the Live Scan Form (BCII 8016) received from the Live Scan site, signed by the Live Scan Operator, including the ATI number.
- 3. A check/money order for : \$50.00 Initial Proprietary Security Officer Application Fee

TOTAL \$50.00

(Rev. 6/2006)